

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/058,236

FILING DATE

APPLICANT(S)

7-9-03 11-19-03 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/	
2				/		/
3				/		/
4				/		/
5				/		/
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TOTAL IND.	4	0	3	0	3	0
TOTAL DEP.	17	0	7	0	7	0
TOTAL CLAIMS	16	0	10	0	10	0

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.	0	0	0	0	0	0
TOTAL DEP.	0	0	0	0	0	0
TOTAL CLAIMS	0	0	0	0	0	0

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS